

MOZAMBIQUE AND HIV/AIDS

Key Talking Points

Although the isolating effects of a ten-year civil war kept the HIV prevalence rate in Mozambique lower than the rates in neighboring countries, it is still one of the nine countries in Africa hardest hit by the epidemic:

- Ten to 14 percent of adults are HIV-positive.
- More than 1.2 million Mozambicans are living with HIV.
- By 2010 AIDS deaths will reduce average life expectancy to 37 years.

Children and HIV Since the beginning of the epidemic, AIDS has claimed the lives of at least 77,000 children and orphaned about 198,000 others.

- In 1998 pediatric AIDS cases represented 15 percent of all AIDS cases.
- About 50 newborns per day will acquire HIV in 1999.
- AIDS will orphan more than half a million children before the year 2000.

HIV in Women Social and economic inequities put women at high risk of HIV infection.

Development and HIV The civil war reversed post-independence improvements in basic services and health, leaving Mozambique ill-prepared to confront a burgeoning HIV/AIDS epidemic. Most of the population still lacks access to health services, and as many as 40 percent of the country's children are chronically malnourished.

More than three-quarters of those living with HIV/AIDS in Mozambique are 20 to 49 years old. Because the illnesses caused by the virus strike people during their most productive years, HIV/AIDS threatens Mozambique's reconstruction and development as well as the health and well-being of its people.

USAID contributed \$3.2 million in FY 1998 to improve HIV/AIDS education programs and treatment of the STIs that increase the risk of HIV transmission. The U.S. and Dutch governments are the largest supporters of HIV/AIDS programs in Mozambique.

National Response Mozambique is emerging from an initial period of denial and responding more actively. Despite high rates of HIV risk behavior and infection among young people, family life education is not yet available in schools.

The Mozambican government is developing a national strategic plan with the support of UNAIDS and its theme group in the country. Political leadership and technical and financial resources are needed to ensure that this multisectoral plan is carried out to slow the rapid spread of HIV in Mozambique.



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MOZAMBIQUE AND HIV/AIDS

Country Profile

Mozambique is one of the world's poorest countries, and all of the country's social indicators are well below sub-Saharan African averages.

Mozambique's ten-year civil war reversed post-independence improvements in basic services and had a major impact on mortality and morbidity, especially among children. Thirty to 40 percent of

Mozambique's children are chronically malnourished. Roughly 60 percent of the population still lack access to health services. The Mozambican government now allocates 8 percent of its current budget—about US\$2 per person per year—to the health sector.

HIV/AIDS in Mozambique

The first AIDS case was reported in Mozambique in 1986. The country's HIV prevalence rate is lower than the rates of neighboring Zimbabwe, Zambia and Malawi, largely due to the isolating effects of the civil war.

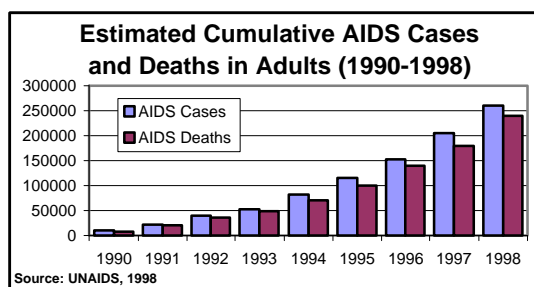
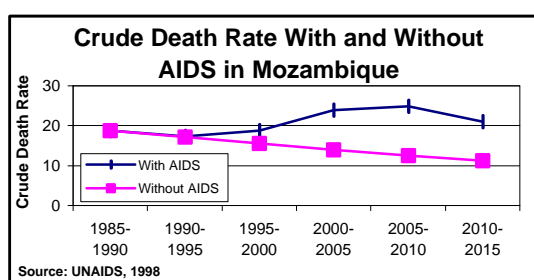
Nevertheless, the Joint United Nations Programme on AIDS (UNAIDS) reports that Mozambique is one of nine African countries hardest hit by the epidemic. The virus is spreading rapidly in the central provinces.

- HIV prevalence rates of adults (15 and older) range from 10 percent, as reported by the Ministry of Health, to 14 percent, as reported by UNAIDS. These higher rates are found along transport corridors and in areas in which mine workers from South Africa are recruited.
- An estimated 1.2 million Mozambicans are living with HIV—290,000 of them with AIDS.
- More than three-quarters of those living with HIV/AIDS are ages 20 to 49.

From 1990 to 2010, AIDS will increase the crude death rate in Mozambique by 98 percent.

Women and HIV/AIDS

The number of women living with HIV/AIDS is growing in Mozambique. Women's low social and economic status, combined with greater biological susceptibility to HIV, put them at increased risk of infection. Deteriorating economic conditions, which make it difficult for women to access health and social services, compound this vulnerability.



- 83,000 people died of AIDS-related diseases in 1997.
- Life expectancy will drop 27 percent during the 1990s as a result of HIV/AIDS. By 2010 average life expectancy will be 37 years.

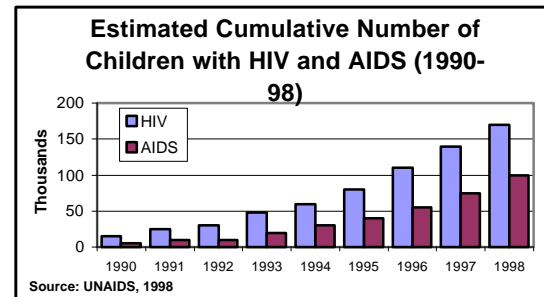
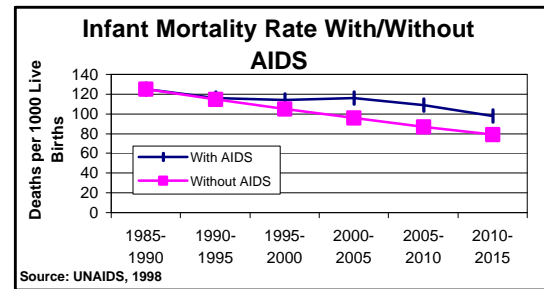
- Women experience socioeconomic inequalities and discrimination, particularly in inheritance and land tenure issues, that put them at increased risk of HIV.

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Children and HIV/AIDS

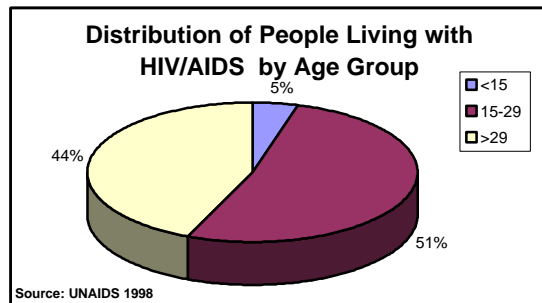
Forty-six percent of the Mozambican population is under age 15. The HIV epidemic has a disproportionate impact on children, causing high morbidity and mortality among infected children and orphaning many others. Approximately 30 to 40 percent of infants born to HIV-positive mothers will also become infected with HIV.

- About 18,000 newborns (50 per day) will acquire HIV in 1999.
- In 1998 pediatric cases represented 15 percent of all AIDS cases.
- By 2015 the infant mortality rate is expected to be at least 25 percent higher than it would have been in the absence of AIDS.
- 77,000 children have died from AIDS-related illnesses since the beginning of the epidemic.
- To date, an estimated 198,000 children have been orphaned by HIV/AIDS. By the year 2000 there will be about 596,000 AIDS orphans.



Youth and HIV/AIDS

Youth and young adults account for a large percentage of all HIV/AIDS cases in Mozambique.



- Half of those living with HIV/AIDS are ages 15 to 29.
- More than one-quarter of reported cases of sexually transmitted infection (STI) occur in teenagers.
- Despite high rates of HIV risk behavior and infection among young people, basic health education has not been effectively implemented in the school system.

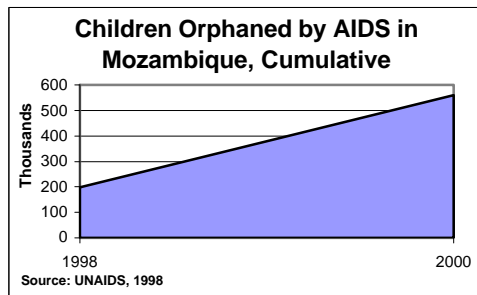
Socioeconomic Effects of AIDS

Years of civil war have left Mozambicans—especially returning refugees—particularly vulnerable to HIV. Unemployment rates are high, resulting in greater poverty, wider economic and social imbalances between men and women, and increases in both legal and illegal migration. Poverty and diminishing access to health care and education have also led to the breakup of families, increased the number of children living on the

street, and forced many girls and young women into sex work.

HIV/AIDS threatens Mozambique's reconstruction as well as the health of its people. The direct costs alone of caring for millions of people living with HIV/AIDS are expected to overburden the country's inadequate health system. Community-based care in Mozambique is particularly ill-prepared for the influx of people living with

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HIV/AIDS (PLWHA). Preliminary data suggest that 20 percent of rural hospital beds are already occupied by AIDS patients.

HIV/AIDS is also beginning to take its toll on businesses in Mozambique, and is expected to reduce annual profits in the coming years. Productivity falls and business costs rise—even in low wage, labor-intensive industries—as a result of absenteeism, the loss of employees to illness and death, and the need to train new employees. Despite the fact that some large businesses have responded to the epidemic, the diminished labor pool continues to affect economic prosperity, foreign investment, and sustainable development.

Interventions

National Response

The national response has passed through several stages. Initially there was low acceptance of HIV/AIDS as a problem. Following this period of denial, the National Control Programme against STD/AIDS (NACP) was created in 1988, and the first Medium Term Plan (MPT1) was developed.

The NACP has a central body, located in the Ministry of Health, and regional offices in 11 provinces. The main responsibilities of the NACP include planning, coordinating, monitoring, and assessing provincial plans, and providing technical assistance to government sectors involved in the program. The NACP also develops short- and medium-term plans and establishes cooperation protocols for Mozambican and international NGOs, donors, and social, religious, and mass media associations. A second Medium Term Plan (MPTII) was developed in 1994. The National Strategy to combat STI/AIDS includes prevention, counseling, epidemiological surveillance, and blood testing. Specific components of the national program include management, information,

education and communication (IEC), epidemiological surveillance, laboratory support, care of PLWHAs and counseling, and condom social marketing.

On December 1, 1998, President Joaquim A. Chissano addressed the nation on World AIDS Day—the first communication about HIV/AIDS issued from the President's office.

The Mozambican government is currently designing a national strategic plan, with the support of the Mozambican UNAIDS theme group on HIV/AIDS and UNAIDS-Geneva, which will be presented to the Council of Ministers in August 1999. The multisectoral Interministerial Commission and the provincial governors are also involved. The NACP is also collecting data to create an AIDS Impact Model for Mozambique, and is currently developing a national counseling strategy.

Donors

Multilateral and bilateral donors are actively engaged in Mozambique. According to a UNAIDS/Harvard study, each bilateral

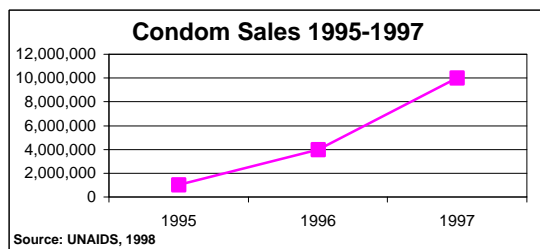
organization contributed the following amounts in 1996-1998:

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Organization	Amount US\$ 1996-97	Amount US\$ 1998-99
USAID	4,648,000	7,500,000 <i>(USAID/Dutch cooperation)</i>
EU	3,125,000	3,000,000
Finland	1,100,000 (1995-97)	
France	1,059,734	300,000
Total	9,932,734	10,800,000

Bilateral donor support 1996-1998

USAID's HIV/AIDS funding for FY 1998 was \$3.2 million. The mission pursued a nationwide HIV/AIDS prevention strategy with two focus areas: condom social marketing and integration of AIDS and STI control into child survival programs. The social marketing program includes behavior change communication (BCC), using mass media, theater groups, and community agents to promote safer sex.



In 1999 USAID will support cooperating agencies to:

- Expand the reach of behavior change messages through community-based peer education.
- Improve the quality and reach of BCC, focusing on youth.
- Increase activities to improve STI prevention and treatment.
- Increase HIV counseling and testing.

Following a USAID-supported pilot project, the percentage of the population in the four provinces who could state three ways to prevent HIV transmission increased from 17 percent in 1996 to 68 percent in 1998.

USAID is also working with the MOH to expand family planning services into all basic health programs. Efforts are underway to ensure national blood safety and build provincial capacity to implement STI and HIV/AIDS prevention campaigns aimed at changing sexual behavior. USAID will continue to support social marketing activities to increase condom demand and access, and is designing an aggressive HIV intervention strategy targeted at the four major transport corridors in Mozambique—Maputo, Beira, Nacala, and Tete. USAID is also exploring regional issues, including the identification of a regional HIV/AIDS advisory group, mechanisms for information sharing on program activities and prevalence/incidence reporting, and a multicountry study on HIV.

UNAIDS has a coordinating theme group based in Mozambique. The group, chaired by WHO, consists of representatives from UNDP, UNFPA, UNESCO, The World Bank, WHO, and UNICEF. In addition, major bilateral donors who provide the bulk of AIDS financing in Mozambique are active leaders of the group.

Support from the UNAIDS cosponsors in 1996-1998 included the following:

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Donors	Amount US\$ 1996-97	Amount US\$ 1998-99
World Bank (general support for health and drugs)	2,000,000	3,000,000
UNAIDS	492,000	310,000
UNICEF	155,000	450,000
UNDP	120,000	650,000
WHO	72,000	104,000
UNFPA		2,000,000
Total	2,839,000	6,514,000

UNAIDS cosponsor support 1996-1998

In 1999 UNAIDS will:

- Raise public and political awareness of HIV and the responses needed.
- Support the development of a national, comprehensive, and multisectoral plan.
- Build capacity at all sectoral levels to implement and evaluate an effective response to HIV/AIDS. Promote and enhance partnerships with NGOs, the private sector, and civil society.
- Enhance coordination among government, donors, and the United Nations.
- Provide technical assistance and support in implementing the national HIV/AIDS prevention plan.
- Assist in delivering services to prevent HIV infection and strengthen household and community capacity to cope with HIV/AIDS.

The World Bank supports HIV prevention as part of a road construction project.

WHO is carrying out joint activities in the areas of epidemiological surveillance, STI and HIV/AIDS counseling, prevention interventions for vulnerable groups, and blood safety. WHO also provides some direct support to NGOs.

UNDP is implementing a comprehensive national AIDS project.

UNFPA will support improved integration of STI and HIV/AIDS services into existing reproductive health services in its country program from 1998 to the year 2000.

Finland's Ministry for Foreign Affairs, Department of International Development Cooperation, supported a \$1.1 million community development project from 1995 to 1997. The project, implemented by The Red Cross of Mozambique, provided information about HIV/AIDS, nutrition, maternal health care, and hygiene, as well as blood transfusion services.

Private Voluntary Organizations (PVOs) and Nongovernmental Organizations (NGOs)

A number of PVOs implement activities in Mozambique, funded by multilateral and bilateral donors. Some of the major USAID cooperating agencies include The Futures Group, and Population Services International. *See attached preliminary chart for PVO, USAID cooperating agencies, and NGO target areas of HIV/AIDS activities. This list is evolving and changes periodically.*

According to UNAIDS, a relatively small number of NGOs are working on HIV/AIDS prevention

and they are concentrated primarily in Maputo and other urban areas. The majority of NGOs receive their funding from external sources and work at a micro level, with limited impact on the epidemic at the national level.

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The formation of the Network of AIDS Organizations in Mozambique (MONASO) brought together a variety of organizations working on HIV/AIDS activities throughout the country. MONASO recently prepared an organizational strategic plan to provide more

effective coordination and assistance to local NGOs.

With increased disclosure of HIV-positive status, a network of PLWHA has also been formed, and partnerships have been created between the network, other NGOs, and the government.

Challenges

Major constraints to HIV/AIDS control in Mozambique include:

- Other emergencies that make it difficult to make HIV/AIDS a priority.
- Lack of information about the epidemic and its consequences.
- Lack of financial resources for drugs, HIV and syphilis tests, and educational materials.
- Increasing unemployment, deterioration of household income, and rising cost of living.
- The increasing social and economic inequalities experienced by women.
- No specific strategies for at-risk groups.
- A low literacy rate, which makes it more difficult to mount effective education campaigns.
- Poor access to health and education programs.

The following gaps in programming must be filled in order to mount an effective response to HIV/AIDS in Mozambique:

- More involvement of PLWHA in the governmental and nongovernmental response to the epidemic.
- Decentralization of management of HIV/AIDS programs in different provinces.
- Legislation and enforcement to protect the human rights of people living with HIV/AIDS.
- Targeted interventions for at-risk groups.
- Targeted interventions along the major transport corridors.
- Diversified funding sources for NGOs and community-based initiatives.
- Drug management protocols at the national and provincial levels.
- An implementation plan to fulfill the national AIDS strategy.

The Future

It is not too late for an effective response to the HIV/AIDS epidemic in Mozambique. The government of Mozambique has initiated a multisectoral, comprehensive National AIDS

Strategic Plan. Now it is up to the country's leaders to ensure that this plan will be carried out to slow the spread of the rapidly growing HIV/AIDS epidemic.

MOZAMBIQUE AND HIV/AIDS

Important Links and Contacts

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2. USAID: Okey Nwanyanwu, Chief, Office of Health, Population and Nutrition, USAID/Mozambique, 107 rua Faria de Sousa, Caixa Postal 783, Maputo. Tel: (258) 1 49 07 26, Fax: (258) 1 49 20 98.
3. MONASO
4. NACP



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Mozambique

Organization	Intervention																
	Advoc.	BCI	Care/S	Training	Cond.	SM	Eval.	HR	IEC	MTCT	Research	Policy	STD	VCT	Orphan	TB	Other

Cooperating Agencies

CARE		X		X	X				X				X				OR includes STDs
Futures/RTI/Policy Project	X											X					
Horizons/Pop. Council																	
AIDSMARK/PSI		X			X	X			X		X		X				
JSI/FPLM					X								X				

PVOs/NGOs

Doctors Without Borders		X	X	X					X								
MAP International									X								
Population Services International		X		X	X	X			X		X		X				
World Relief		X		X					X			X	X				

KEY:	Advoc.	Advocacy	MTCT	Mother to Child Transmission activities
	BCI	Behavior Change Intervention	Research	HIV/AIDS research activities
	Care/S	Care & Support Activities	Policy	Policy monitoring or development
	Training	HIV/AIDS training programs	STD	STD services or drug distribution
	Cond.	Condom Distribution	VCT	Voluntary counseling and testing
	SM	Social Marketing	Orphan	AIDS orphan activities
	Eval.	Evaluation of several projects	TB	TB control
	HR	Human Rights activities	Other	(I.e. blood supply, etc.).
	IEC	Information, education, communication activities		